



This form is prescribed by the Superintendent for use by applicants for a Permit to Carry a Handgun. Any alteration to this form is expressly forbidden.



STATE OF NEW JERSEY

APPLICATION FOR PERMIT TO CARRY A HANDGUN

Application must be delivered, in triplicate, to the Chief of Police of the municipality wherein you reside, or to the Superintendent of State Police in all other cases. A money order in the amount of \$20.00 payable to State of New Jersey must accompany this application.

 NEW RENEWALMunicipal Code
0113

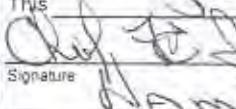
Each person applying for a Permit to Carry a Handgun must supply a letter of need, specific in content, as to why they have a need to carry a firearm in the State of New Jersey. If this application is employment-related, then your employer must supply this letter. List the reason for this application: Defense of self and family.

(1) Last Name / If female, include maiden First		Middle	(2) Resident Address (Number - Street - City - State - Zip)			
Rivera		Scott	Visitacion			
(3) Date of Birth		(4) Age (Place of Birth - City - State or Country)	(5) U.S. Citizen			
Month	Day	Year	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No		
(7) Sex Height Weight Eyes		Race Hair Complexion	(8) Distinguishing Physical Characteristics			
M	5'11"	187lbs. Br W Blk	Fair	2 Tattoos		
(9) Name of Employer			(10) Employer's Address (Number - Street - City - State - Zip)			
Town of Hammonton						
(11) Occupation			(12) Home Telephone	(13) Business Telephone		
Assistant Superintendent						
(14) Driver's License Number & State			(15) If you possess a N.J. Firearms Purchaser ID Card, list the number			
(16) Have you ever been adjudged a juvenile delinquent?		<input type="checkbox"/> Yes	If Yes, List Date(s)	Place(s)	Offense(s)	
		<input checked="" type="checkbox"/> No				
(17) Have you ever been convicted of a disorderly persons offense, that has not been expunged or sealed?		<input type="checkbox"/> Yes	If Yes, List Date(s)	Place(s)	Offense(s)	
		<input checked="" type="checkbox"/> No				
(18) Have you ever been convicted of a criminal offense, that has not been expunged or sealed?		<input type="checkbox"/> Yes	If Yes, List Date(s)	Place(s)	Offense(s)	
		<input checked="" type="checkbox"/> No				
(19) Have you ever had a firearms purchaser identification card, permit to purchase a handgun, or permit to carry a handgun refused or revoked?		<input type="checkbox"/> Yes	If Yes, By Whom?	When?	Where	Why?
		<input checked="" type="checkbox"/> No				
(20) Have you ever had an Employee of Firearms Dealer License refused or revoked?		<input type="checkbox"/> Yes	If Yes, By Whom?	When?	Where	Why?
		<input checked="" type="checkbox"/> No				
(21) Are you an Alcoholic?		<input type="checkbox"/> Yes	(22) Have you ever been confined or committed to a mental institution or hospital for treatment or observation of a mental or psychiatric condition on a temporary, interim or permanent basis? If Yes, give the name and location of the institution or hospital and the date(s) of such confinement or commitment			
		<input checked="" type="checkbox"/> No				
(23) Are you dependent upon the use of any narcotic or other controlled dangerous substance?		<input type="checkbox"/> Yes				
		<input checked="" type="checkbox"/> No				
(24) Are you now being treated for a drug abuse problem?		<input type="checkbox"/> Yes				
		<input checked="" type="checkbox"/> No				
(25) Have you ever been attended, treated or observed by any doctor or psychiatrist or at any hospital or mental institution on an inpatient or outpatient basis for any mental or psychiatric conditions? If Yes, give the name & location of the doctor, psychiatrist, hospital or institution and the date(s) of such occurrence.		<input type="checkbox"/> Yes				
		<input checked="" type="checkbox"/> No				
(26) Do you suffer from a physical defect or sickness?		<input type="checkbox"/> Yes				
		<input checked="" type="checkbox"/> No				
(27) If answer to question 26 is yes, does this make it unsafe for you to handle firearms? If not, explain:		<input type="checkbox"/> Yes	(28) Are you subject to any court order issued pursuant to Domestic Violence? If yes, explain			
		<input checked="" type="checkbox"/> No				
(29) Have you ever been convicted of any domestic violence in any jurisdiction which involved the elements of (1) striking, kicking, shoving, or (2) purposely or attempting to knowingly or recklessly causing bodily injury, or (3) negligently causing bodily injury to another with a weapon? If Yes, explain		<input type="checkbox"/> Yes				
		<input checked="" type="checkbox"/> No				
(30) Are you presently, or have you ever been a member of any organization which advocates or approves the commission of acts of violence, either to overthrow the government of the United States or of this State, or to deny others of their rights under the Constitution of either the United States or the State of New Jersey? If yes, list name and address of organization(s) here		<input type="checkbox"/> Yes				
		<input checked="" type="checkbox"/> No				

APPLICANT: DO NOT WRITE BELOW THIS SPACE

To the Judge of the Superior Court of _____ County: I have Investigated or caused to be Investigated the applicant, and from the results of such investigation, the applicant is: _____
(Attach Investigation Report when submitting to Superior Court.)

APPROVED

This _____ Day of _____ 20_____

Title _____
Signature _____
Department of Police _____

Reason for Disapproval

- A. CRIMINAL RECORD
- B. PUBLIC HEALTH SAFETY AND WELFARE
- C. MEDICAL, MENTAL OR ALCOHOLIC BACKGROUND
- D. NARCOTICS/DANGEROUS DRUG OFFENSE
- E. FALSIFICATION OF APPLICATION
- F. DOMESTIC VIOLENCE
- G. LACK OF JUSTIFIABLE NEED
- H. OTHER (SPECIFY) _____

The foregoing application, having been presented to me, and the determination made of the sufficiency thereof, and the need of the applicant to carry a handgun, I hereby grant a permit, pursuant to Section 2C:58-4 of the New Jersey Statutes.

Deny This _____ Day of _____, 20_____
 Grant _____ NJ _____
Judge of the Superior Court _____ County _____

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GRANTED ON APPEAL	SBI Number:
	Permit Number:
Restrictions: <input type="checkbox"/> Yes (List on Page 2) <input type="checkbox"/> No	

NOTICE: If Internet form, print Page 1, return to printer and print Page 2 on reverse side.

Endorsement Number One — Reference must have known applicant for a minimum of three years preceding the date of the application.

I am personally acquainted with Scott V. Rivera, the applicant named on page one of this application. I have known Him/Her for the past 30 years to be a person of good moral character and behavior and who is capable of exercising self control. I have reviewed this application and I believe that the answers given by the applicant to the questions set forth in this application are complete, true and correct in every particular.

Paul J. Sacco

Print or Type Name

Paul J. Sacco

Signature

9/24/2010

Date of Endorsement

No.

Street Address

Hammonton

NJ 08037

City/Town

State Zip

Home Telephone Number

Business Telephone Number

Endorsement Number Two — Reference must have known applicant for a minimum of three years preceding the date of the application.

I am personally acquainted with Scott V. Rivera, the applicant named on page one of this application. I have known Him/Her for the past 14 years to be a person of good moral character and behavior and who is capable of exercising self control. I have reviewed this application and I believe that the answers given by the applicant to the questions set forth in this application are complete, true and correct in every particular.

David Tucker

Print or Type Name

David Tucker

Signature

09/01/2010

Date of Endorsement

No.

Street Address

Hammonton

NJ 08037

City/Town

State Zip

Home Telephone Number

Business Telephone Number

Endorsement Number Three — Reference must have known applicant for a minimum of three years preceding the date of the application.

I am personally acquainted with Scott V. Rivera, the applicant named on page one of this application. I have known Him/Her for the past 7 years to be a person of good moral character and behavior and who is capable of exercising self control. I have reviewed this application and I believe that the answers given by the applicant to the questions set forth in this application are complete, true and correct in every particular.

Gregory Gallagher

Print or Type Name

Gregory Gallagher

Signature

8-31-10

Date of Endorsement

MICHELLE RAE MCMAHON

State of New Jersey

County of AtlanticName of Applicant from page one
Scott V. Rivera

NOTARY PUBLIC

SS STATE OF NEW JERSEY

MY COMMISSION EXPIRES DECEMBER 17 2014

being duly sworn, upon oath deposes and states that he/she is the applicant named on page one of this application, that the answers to the questions given on this application are complete, true and correct in every particular.

This 27th Day of September, 2010

No.

Street Address

Hammonton

NJ 08037

City/Town

State Zip

Home Telephone Number

Business Telephone Number

Signature of Applicant named on page one
Michelle Rae McMahon

Notary Public

Sutter R9/27/10

Signature of Applicant named on page one

(The disclosure of my social security number is voluntary. Without this number, the processing of my application may be delayed. This number is considered confidential. I realize that if any of the foregoing answers made by me are false, I am subject to punishment.)

Falsification of this form is a crime of the third degree as provided in NJS 2C:39-16c.

SPACE BELOW RESERVED FOR SUPERIOR COURT JUDGE GRANTING PERMIT

List Permit Restrictions Here:

Photograph of
Applicant
1.5 x 1.5 Inches